

Health Plan Collaboration to Implement SB 853

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Background on collaboration

- Identify areas for collaboration through ICE teams and CAHP facilitated health plan meetings
- Collaboration with provider groups
- Approximately 13 health plans through out the state.
- Prioritize areas or subjects

Joint efforts

- Aspects of demographic assessment such as coding systems for race, ethnicity, spoken language and written language.
- Standardize documents
- Translation of standardized documents
- Standardize notice of interpreter support

Race and Ethnicity coding

- Prioritized due to information technology requirements.
- Work group convened to look at making recommendations.
- Group recognized the value of standardizing coding and collecting of race, ethnicity and language information from consumers.

Race and Ethnicity coding

- Systemic way of categorizing
- Systemic way of coding
- Compatible with existing data sources
 - E.g. census, CAHPS, CAS, CHIS
- Compatible with existing data collection
 - E.g. HIPAA
- Compatible with internal operations
- Meaningful to the consumer

System requirements

- Collection of information based on or limited by the technological ability to record information.
- Code compatibility and sharing information
 - Provider group reporting or sharing of information
- Limitation of codes
 - How many characters
 - How will information be entered in the database
 - How will information be updated in the database
 - What mapping or cross reference is needed between internal systems

Coding recommendations

- Use OMB basic categories, add in declined to state and unknown.
- Use CDC hierarchical categories as addition to OMB basic categories.
- Use CDC codes
- Plans may elect to not use CDC codes and adopt a coding system that meets specific IT system needs of the plan.